PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docket Number  1073359													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL		
TO	OTAL CLAIMS		30					RATE	FEE	7	RATE	FEE	
FC	)R	-	NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			40 minus 20=		- 60			X\$ 9=	00	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		. 0			X43=	1	OR	Voc		
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT					.145	1	7			
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR			
TOTAL [0/9] OR TOTAL											TOTAL	THAN	
		(Column 1)				(Column 3)		SMAL	L ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	] `	RATE	ADDI- TIONAL FEE	
	Total	· 🔿 o	Minus	<i>" 3</i> ⁄		=		X\$ 9=		OR	X\$\8=		
	Independent	. 3	Minus	*** 3	3	=		X43=.		OR	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
L. L.								TOTA	C.	OR	TOTAL	1	
		(Column 1)		(Colum	2\	(Column 3)		ADDIT FE	E	JOR	ADDIT. FEE		
AMENOMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	, ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus ,	**		=		X\$ 9=	!	OR	X\$18=		
	Independent	•	Minus	***		= ·		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			. 4 45	<del>                                     </del>	1	-		
								+145=		OR	+290= TOTAL		
				′	,		•	ADDIT. FEE		OR	ADDIT. FEE		
	`	(Column 1) CLAIMS		(Colum HIGHE	ST	(Column 3)	ſ		I ADDI	1 1		ADDI	
AMENDMENT C		REMAINING . AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		<b>.</b>		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	·	X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 40					
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290= TOTAL		
***11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1	ne Highest Num	ber Previously Paid	ror (fotal or	ındepender	n) is the	nighest number	TOU	no in the ap	opropriate bo	k in coli	.mn 1.		

FORM PTO-875 (Rev. 10/03)

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